| Female/Male | Camp Group #. | : Cabin: | _ |
|---------------|---------------|----------|---|
| Timing: AM/Lu | nch/PM/Other | | |

Administering Medications at Camp

| Directions: | | | |
|------------------------------------|------------------------------|---------------------------|--|
| ☐ Complete this form fo | r EACH medication you a | re sending to camp | |
| ☐ Put completed form al | ong with your child's med | ication in a labeled Gall | lon Ziplock Bag |
| Gallon Ziplock | Bag should have the follo | wing information. All A | AM, Afternoon, |
| | should be in separate bags | and labeled with the fol | lowing |
| information: | | | |
| ■ Studen | | | The state of the s |
| | Campus | Rachel Ross | Hachel Ross |
| | ation Name | Dramamine | The Chapel |
| | f Day Med is given: AM, | Pm | Tylenol |
| | oon, PM | | AM |
| | with completed form(s) | | |
| · | of camp and give to camp | | |
| nurse | | | |
| Each camp group leader(s) wi | ill he given vour child's me | edication before leaving | camp to come |
| home. Your child may also be | | | |
| to go home from camp, espec | | | |
| medication. | J | , 11 | S |
| | | | |
| Child's Name: | Gender: | M F Date of Bir | th: |
| | (: 1) P: 1 : /T | 1 (1 1 / 1 00 / 1 | rra /r · d d · |
| Campus your Child Attends | s (circle): Pickerington / I | he Chapel / Jefferson / | UA /Lithopolis |
| Name of Medication | | | |
| | | | |
| Medication Strength | | | |
| Dosage to be given | | | |
| Time of Day med is given | | | |
| (please note if multiple | | | |
| times a day) | | | |
| | | | |
| How is medication taken | | | |
| (water, food, etc.) | | | |
| Please write any additional notes | s you would like to communic | cate to the camp nurse: | |
| Parant/Guardian Signatura | | Data | |
| Parent/Guardian Signature | | Date | |